|                                                           | Case 04-39630 Doc 1 Filed 10/25/04 E<br>(Official Form 1) (12/02) Page 1                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Desc Petition                                                                                       |  |  |  |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|--|--|
|                                                           | FORM . United States Bankruptcy Co<br>Northern District of Illino                                                                                                                                                                                                                                         | Durt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Voluntary Petition                                                                                  |  |  |  |
|                                                           | Name of Debtor (if individual, enter Last, First, Middle):  Malvorain Mitchell                                                                                                                                                                                                                            | Name of Joint Debtor (Spouse) (L<br>Carolyn J Mitchell                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ast, First, Middle):                                                                                |  |  |  |
| * .                                                       | All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names):                                                                                                                                                                                                        | All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                     |  |  |  |
|                                                           | Soc. Sec./Tax I.D. No. (if more than one, state all):                                                                                                                                                                                                                                                     | an one, state all):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     |  |  |  |
|                                                           | Street Address of Debtor (No. & Street, City, State & Zip Code): 4724 S Ingleside Chicago, IL 60615                                                                                                                                                                                                       | Street Address of Joint Debtor (No<br>4724 S ingleside<br>Chicago, IL 60615                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | . & Street, City, State & Zip Code):                                                                |  |  |  |
|                                                           | County of Residence or of the Principal Place of Business: Cook                                                                                                                                                                                                                                           | County of Residence or of the Principal Place of Business: Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ok                                                                                                  |  |  |  |
| <b>≱</b>                                                  | Mailing Address of Debtor (if different from street address):                                                                                                                                                                                                                                             | Mailing Address of Joint Debtor (if different from street address):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     |  |  |  |
| 33 EZ-Filing, Inc. [1-500-598-2424] - Forms Software Only | Location of Principal Assets of Business Debtor (if different from street address above):  Information Regarding the Debt  Venue (Check any applicable box)  Debtor has been domiciled or has had a residence, principal place of preceding the date of this petition or for a longer part of such 180 da | business, or principal assets in this Dist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | rict for 180 days immediately                                                                       |  |  |  |
| . • 1993-2003 EZ-Filing, Inc                              | There is a bankruptcy case concerning debtor's affiliate, general part  Type of Debtor (Check all boxes that apply)  Individual(s)                                                                                                                                                                        | Chapter or Section of Bankri the Petition is Filed Chapter 7 Chapter 11 Chapter 9 Chapter 12 Sec. 304 - Case ancillary to foreig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | picy Code Under Which<br>(Check on box)  Chapter 13                                                 |  |  |  |
|                                                           | Nature of Debts (Check one box)  Consumer/Non-Business  Business  Chapter 11 Small Business (Check all boxes that apply)  Debtor is a small business as defined in 11 U.S.C. § 101  Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)                           | Must attach signed application for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | nts (applicable to individuals only) r the court's consideration to pay fee except in installments. |  |  |  |
|                                                           | Statistical/Administrative Information (Estimates only)  Debtor estimates that funds will be available for distribution to unsecured Debtor estimates that, after any exempt property is excluded and admipaid, there will be no funds available for distribution to unsecured on                         | ured creditors. inistrative experience in the properties in the pr | Bankruptcy Court District Of Illinois 3/2004                                                        |  |  |  |
|                                                           | Estimated Number of Creditors                                                                                                                                                                                                                                                                             | Debtor: MAL'<br>Case: 04-39                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | /ORIAN MITCHELL<br>330 Fee : 194                                                                    |  |  |  |
|                                                           | Estimated Assets \$0 to \$50,001 to \$100,001 to \$500,001 to \$1,000,001 to \$10,000,001 \$50,000 \$100,000 \$500,000 \$1 million \$10 million \$50 million                                                                                                                                              | 50,000,001 to Judge: Jecq:<br>\$100 million 341 mtg: 11.<br>ConfHrg: 12.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Rec. W : 3107956<br>Jeline Cox<br>/22/2004 @ 01:30PM<br>/06/2004 @ 10:30AM<br>1 VAUGHN              |  |  |  |
|                                                           | Estimated Debts  \$0 to \$50,001 to \$100,001 to \$500,001 to \$1,000,001 to \$10,000,001 to \$50,000 \$100,000 \$500,000 \$1 million \$10 million \$50 million                                                                                                                                           | ao \$50,000,001 to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                     |  |  |  |

Case 04-39630

Date

Doc 1 Filed 10/25/04

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in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

Case 04-39630 Doc 1 Filed 10/25/04 Entered 10/25/04 16:16:43 Desc Petition

# Page 3 of 21 United States Bankruptcy Court Northern District of Illinois

| IN RE:                                  | Case No.   |
|-----------------------------------------|------------|
| Malvorain Mitchell & Carolyn J Mitchell | Chapter 13 |
| Debtor(s)                               |            |

## SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts from Schedules D, E, and F to determine the total amount of the debtor's liabilities.

|                                                       |                      |                     | A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | MOUNTS SCHEDULE | D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------|----------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF SCHEDULE                                      | ATTACHED<br>(YES/NO) | NUMBER OF<br>SHEETS | ASSETS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | LIABILITIES     | OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| A - Real Property                                     | Yes                  | 1                   | 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 | The desired property of the control  |
| B - Personal Property                                 | Yes                  | 2                   | 10,000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| C - Property Claimed as Exempt                        | Y98                  | 1                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 | The state of the s |
| D - Creditors Holding Secured Claims                  | Yes                  | 4                   | entenning den ein de state de | 15,791.00       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| E - Creditors Holding Unsecured Priority<br>Claims    | Yes                  | 1                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0.00            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| F - Creditors Holding Unsecured<br>Nonpriority Claims | Yes                  | 1                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5,064.00        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| G - Executory Contracts and Unexpired<br>Leases       | Yes                  | 4                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| H - Codebtors                                         | Y95                  | 1                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| I - Current Income of Individual Debtor(s)            | Yes                  | 4                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 | 2,580.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| J - Current Expenditures of Individual Debtor(s)      | Yes                  | 4                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 | 2,080.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Total Number of Sheets in Schedules                   |                      | 11                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                       |                      | Total Assets        | 10,000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                       |                      |                     | Total Liabilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 20,855.00       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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|---------------|-------|----------------|---------------------------|---------------|
|               |       | Pag            | ge 4 of 21                |               |

Debtor(s)

#### SCHEDULE A - REAL PROPERTY

Case No.

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, or both own the property by placing an "H" for Husband, "W" for Wife, "J" for Joint, or "C" for Community in the column labeled "HWIC." If the debtor holds no interest in real property, write "None" under "Description and Location of Property".

Do not include interests in executory contracts and unexpired leases on the schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a security interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim".

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| DESCRIPTION AND LOCATION OF PROPERTY | NATURE OF DEBTOR'S<br>INTEREST IN PROPERTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | C<br>I<br>M | CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | AMOUNT OF SECURED<br>CLAIM |
|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| None                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |
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|                                      | Service representation of the service |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |
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|                                      | CONTRACTOR OF THE PROPERTY OF |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |
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(Report also on Summary of Schedules)

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|    |    |   |   |

Debtor(s)

## SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None". If additional space is needed in any category, attached a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H" for Husband, "W" for Wife, "J" for Joint, or "C" for Community in the column labeled "HWJC." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions only in Schedule C - Property Claimed as Exempt.

Do not include interests in executory contracts and unexpired leases on the schedule. List them in Schedule G - Executory Contracts and Unexpired Leased. If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property".

|     | TYPE OF PROPERTY                                                                                                                                                                                                                         | NONE | DESCRIPTION AND LOCATION OF PROPERTY | C<br>W<br>H | CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------|-------------|--------------------------------------------------------------------------------------------------------|
| 1   | Cash on hand.  Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | X    | Credit Union One ( checking )        |             | 100.00                                                                                                 |
| 3.  | Security deposits with public utilities,<br>telephone companies, landlords, and<br>others.                                                                                                                                               | X    |                                      |             |                                                                                                        |
| 4.  | Household goods and furnishings,<br>include audio, video, and computer<br>equipment.                                                                                                                                                     |      | 6 rooms of furniture                 |             | 600.00                                                                                                 |
| 5.  | Books, pictures and other art objects,<br>antiques, stamp, coin, record, tape,<br>compact disc, and other collections or<br>collectibles.                                                                                                |      | Misc Books                           |             | 100.00                                                                                                 |
| 6.  | Wearing apparel.                                                                                                                                                                                                                         |      | Clothing                             |             | 100.00                                                                                                 |
| 7.  | Furs and jewelry.                                                                                                                                                                                                                        | Х    |                                      |             |                                                                                                        |
| 8.  | Firearms and sports, photographic, and other hobby equipment.                                                                                                                                                                            | X    | ·                                    |             |                                                                                                        |
| 9.  | Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.                                                                                                                     | Х    |                                      |             |                                                                                                        |
| 10. | Annuities. Itemize and name each issue.                                                                                                                                                                                                  | Х    |                                      |             |                                                                                                        |
| 11. | Interests in IRA, ERISA, Keogh, or<br>other pension or profit sharing plans.<br>Itemize.                                                                                                                                                 | Х    |                                      |             | , and a second                                                                                         |
| 12. | Stock and interests in incorporated and unincorporated businesses. Itemize.                                                                                                                                                              | Х    |                                      |             |                                                                                                        |
| 13. | Interests in partnerships or joint ventures. Itemize.                                                                                                                                                                                    | X    |                                      |             |                                                                                                        |
| 14. | Government and corporate bonds and other negotiable and non-negotiable instruments.                                                                                                                                                      | Х    |                                      |             |                                                                                                        |
| 15. | Accounts receivable.                                                                                                                                                                                                                     | X    |                                      |             |                                                                                                        |
|     | Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.                                                                                                                     | X    |                                      |             |                                                                                                        |
| 1   | Other liquidated debts owing debtor including tax refunds. Give particulars.                                                                                                                                                             | X    |                                      |             |                                                                                                        |
|     |                                                                                                                                                                                                                                          |      |                                      |             |                                                                                                        |

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Debtor(s)

# SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

|     | Type of property                                                                                                                                                         | NON E | DESCRIPTION AND LOCATION OF PROPERTY | H<br>W<br>J<br>C | CURRENT MARKET VALUE OF DEBTORS INTEREST IN PROPERT WITHOUT DEDUCTING ANY SECURED CLAIM C EXEMPTION |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------|------------------|-----------------------------------------------------------------------------------------------------|
| 18. | Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.         | X     |                                      |                  |                                                                                                     |
| 19. | Contingent and noncontingent<br>interests in estate of a decedent, death<br>benefit plan, life insurance policy, or<br>trust.                                            | ×     |                                      |                  |                                                                                                     |
| 20. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | X     |                                      |                  |                                                                                                     |
| 21. | Patents, copyrights, and other intellectual property. Give particulars.                                                                                                  | X     |                                      |                  |                                                                                                     |
| 22, | Licenses, franchises, and other general intangibles. Give particulars.                                                                                                   | X     |                                      |                  |                                                                                                     |
| 23. | Automobiles, trucks, trailers, and other vehicles and accessories.                                                                                                       |       | 2001 Totyota Camry (73k miles )      |                  | 9,100.0                                                                                             |
| 24. | Boats, motors, and accessories.                                                                                                                                          | X     |                                      |                  |                                                                                                     |
|     | Aircraft and accessories.                                                                                                                                                | X     |                                      |                  |                                                                                                     |
| 26. | Office equipment, furnishings, and supplies.                                                                                                                             | Х     |                                      | 8                |                                                                                                     |
| 27. | Machinery, fixtures, equipment, and supplies used in business.                                                                                                           | X     |                                      |                  |                                                                                                     |
| 28. | Inventory.                                                                                                                                                               | X     |                                      |                  |                                                                                                     |
| 29. | Animals.                                                                                                                                                                 | X     |                                      |                  |                                                                                                     |
| 30. | Crops - growing or harvested. Give particulars.                                                                                                                          | X     |                                      |                  |                                                                                                     |
| 31. | Farming equipment and implements.                                                                                                                                        | X     |                                      |                  |                                                                                                     |
| 32. | Farm supplies, chemicals, and feed.                                                                                                                                      | X     |                                      |                  |                                                                                                     |
| 33. | Other personal property of any kind not already listed. Itemize.                                                                                                         | X     |                                      |                  |                                                                                                     |
|     |                                                                                                                                                                          |       |                                      |                  |                                                                                                     |
|     |                                                                                                                                                                          |       |                                      |                  |                                                                                                     |
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|     |                                                                                                                                                                          |       |                                      |                  |                                                                                                     |
|     |                                                                                                                                                                          |       |                                      |                  |                                                                                                     |

O continuation sheets attached

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

SCHEDULE B - PERSONAL PROPERTY

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\_ Case No.

Debtor(s)

#### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:

(Check one box)

11 U.S.C. § 522(b)(1): Exemptions provided in 11 U.S.C. § 522(d). NOTE: These exemptions are available only in certain states.

In U.S.C. § 522(b)(2): Exemptions available under applicable nonbankruptcy federal laws, state or local law where the debtor's domicile has been located for 180 days immediately preceding the filing of the petition, or for a longer portion of the 180-day period than in any other place, and the debtor's interest as a tenant by the entirety or joint tenant to the extent the interest is exempt from process under applicable nonbankruptcy law.

| DESCRIPTION OF PROPERTY         | SPECIFY LAW PROVIDING EACH EXEMPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VALUE OF CLAIMED<br>EXEMPTION | CURRENT MARKET VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------|
| SCHEDULE B - PERSONAL PROPERTY  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                                               |
| Credit Union One ( checking )   | 735 ILCS 5 §12-1001(b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 100.00                        | 100.00                                                        |
| 6 rooms of furniture            | 735 ILCS 5 §12-1001(b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 600.00                        | 600.00                                                        |
| Misc Books                      | 735 ILCS 5 §12-1001(b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 100.00                        | 100.00                                                        |
| Clothing                        | 735 ILCS 5 §12-1001(a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 100.00                        | 100.00                                                        |
| 2001 Totyota Camry (73k miles ) | 735 ILCS 5 §12-1001(c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1,200.00                      | 9,100.00                                                      |
|                                 | 735 ILCS 5 §12-1001(b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1,200.00                      |                                                               |
|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                                               |
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Case No.

Debtor(s)

#### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding claims secured by property of the debtor as of the date of filing of the petition. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C", respectively, in the column labeled "HWIC."

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim

is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

LI Check this box if debtor has no creditors holding secured claims to report on this Schedule D. UNL 0 AMOUNT OF CLAIM CODEBTOR D WITHOUT DEDUCTING NT INGENT Q U I H W J C DATE CLAIM WAS INCURRED CREDITOR'S NAME AND MAILING ADDRESS P U NATURE OF LIEN AND DESCRIPTION AND MARKET VALUE OF INCLUDING ZIP CODE PROPERTY SUBJECT TO LIEN D A T E Е UNSECURED PORTION, IF Ď ANY D furniture Account No. 775601100103421 Retail Services 1.933.00 P.O. Box 17602 Baltimore, MD 21297 Value \$ 600.00 1,333.00 Account No. 0046127499 auto balance 2001 Toyota Camry Tovota Financial Svcs 13,590.00 P.O. Box 5855 Carol Stream, IL 60197-5855 Value \$ 9,100.00 4.490.00 furniture Account No. 2301775589 Wells Fargo Financial National 268.00 Lazboy Furniture Gallery Po Box 98796 Las Vegas, NV 89193-8796 Value \$ 600.00 268.00 Account No. Value \$ Account No. Value \$ Subtotal O Continuation Sheets attached (Total of this page) 15,791.00 (Complete only on last sheet of Schedule D) TOTAL 15,791.00

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(Report total also on Summary of Schedules)

|                                                                   | Case 04-39630                                                                                                                                                                                                                                                                                                                             | Doc 1                                                                                                                                       | Filed 10/25/04                                                                                                                                                                                                                                          |                                                                                                                                                                                                | 10/25/04                                                                                                             | 16:16:43                                                                                                                                               | Desc Petition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| INE                                                               | <u> KE Malvorain Mitchell &amp; </u>                                                                                                                                                                                                                                                                                                      | Carolyn J                                                                                                                                   | Mitchell Pa                                                                                                                                                                                                                                             | ge 9 of 21                                                                                                                                                                                     |                                                                                                                      | Case No.                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                   |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                             | Debter(s)                                                                                                                                                                                                                                               |                                                                                                                                                                                                |                                                                                                                      |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                   | SCHED                                                                                                                                                                                                                                                                                                                                     | ule e - c                                                                                                                                   | CREDITORS HO                                                                                                                                                                                                                                            | LDING UNS                                                                                                                                                                                      | ECURED                                                                                                               | PRIORITY                                                                                                                                               | CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| priority of all e  If as schedu on eac  If th is disp  Rep on the | y should be listed in this schedu-<br>mitties holding priority claims any entity other than a spouse in<br>ale of creditors, and complete S<br>he claim by placing an "H", "W",<br>he claim is contingent, place an<br>uted, place an "X" in the column<br>ort the total of claims listed on a<br>last sheet of the completed scheduling. | ile. In the boxe gainst the debt a joint case n chedule H - C "J", or "C", re "X" in the colo n labeled "Dis ach sheet in th dule. Repeat t | es provided on the attached for or the property of the dray be jointly liable on a codebtors. If a joint petition espectively, in the column humn labeled "Contingent", uputed". (You may need to box labeled "Subtotal" or this total also on the Summ | sheets, state the rebtor, as of the dat<br>daim, place an "X<br>is filed, state who<br>abeled "HWJC."<br>If the claim is unl<br>place an "X" in mo<br>a each sheet. Repor<br>ary of Schedules. | ame and mailir e of the filing or in the column ther husband, w iquidated, place ore than one of t t the Total of al | ng address, includ<br>f this petition.<br>I labeled "Codeba<br>vife, both of them,<br>an "X" in the col-<br>these three column<br>I claims listed on t | this Schedule E in the box labeled "Total"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| M C                                                               | heck this box if debtor ha                                                                                                                                                                                                                                                                                                                | s no credito                                                                                                                                | ors holding unsecured                                                                                                                                                                                                                                   | l priority claim                                                                                                                                                                               | s to report o                                                                                                        | n this Schedul                                                                                                                                         | e E.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                   | ES OF PRIORITY CLA                                                                                                                                                                                                                                                                                                                        |                                                                                                                                             | claims in that categor                                                                                                                                                                                                                                  | y are listed on                                                                                                                                                                                | the attached                                                                                                         | sheets)                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                   | extensions of credit in an<br>Elaims arising in the ordinariler of the appointment                                                                                                                                                                                                                                                        | ary course                                                                                                                                  | of the debtor's busine                                                                                                                                                                                                                                  |                                                                                                                                                                                                |                                                                                                                      | the commenc                                                                                                                                            | ement of the case but before the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| q<br>V                                                            |                                                                                                                                                                                                                                                                                                                                           | nissions, inc<br>es represen                                                                                                                | tatives up to \$4,650*                                                                                                                                                                                                                                  | per person ear                                                                                                                                                                                 | ned within 9                                                                                                         | 0 days immed                                                                                                                                           | oyees and commissions owing to liately preceding the filing of the U.S.C. § 507(a)(3).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| M                                                                 | Contributions to employed foney owed to employed to the cessation of busines                                                                                                                                                                                                                                                              | oenefit plan                                                                                                                                | Is for services rendere                                                                                                                                                                                                                                 |                                                                                                                                                                                                |                                                                                                                      |                                                                                                                                                        | the filing of the original petition,<br>4).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| C                                                                 | ertain farmers and fish laims of certain farmers a l.S.C. § 507(a)(5).                                                                                                                                                                                                                                                                    |                                                                                                                                             | en, up to a maximum                                                                                                                                                                                                                                     | of \$4,650* pe                                                                                                                                                                                 | farmer or fi                                                                                                         | sherman, agai                                                                                                                                          | nst the debtor, as provided in 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| C                                                                 | eposits by individuals<br>laims of individuals up to<br>mily, or household use, t                                                                                                                                                                                                                                                         |                                                                                                                                             |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                |                                                                                                                      | , or rental of p                                                                                                                                       | roperty or services for personal,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| C                                                                 | limony, Maintenance, o<br>laims of a spouse, former<br>507(a)(7).                                                                                                                                                                                                                                                                         | er Support<br>espouse, or                                                                                                                   | child of the debtor f                                                                                                                                                                                                                                   | or alimony, ma                                                                                                                                                                                 | iintenance, o                                                                                                        | or support, to t                                                                                                                                       | he extent provided in 11 U.S.C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                   | axes and Other Certain axes, customs duties, and                                                                                                                                                                                                                                                                                          |                                                                                                                                             |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | vernmental u                                                                                                         | nits as set fort                                                                                                                                       | h in 11 U.S.C. § 507(a)(8).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| C<br>of                                                           |                                                                                                                                                                                                                                                                                                                                           | ents to the F<br>al Reserve                                                                                                                 | DIC, RTC, Director                                                                                                                                                                                                                                      | of the Office of                                                                                                                                                                               | Thrift Super                                                                                                         |                                                                                                                                                        | troller of the Currency, or Board application application application application application and the control of the control o |
| •.                                                                | Amounts are subject to adjustm                                                                                                                                                                                                                                                                                                            | ent on April 1,                                                                                                                             | , 2004, and every three yea                                                                                                                                                                                                                             | rs thereafter with i                                                                                                                                                                           | espect to cases                                                                                                      | commenced oa or                                                                                                                                        | after the date of adjustment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                   |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                             |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                |                                                                                                                      |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

O Continuation Sheets attached

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Case No.

Debtor(s)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C", respectively, in the column labeled "HWIC."

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim

is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

| L. Check this box if debtor has no creditors                    | holdin          | gw          | asecured nonpriority claims to report on this Sche                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | dule       | F.           |           |                       |
|-----------------------------------------------------------------|-----------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------|-----------|-----------------------|
| CREDITOR'S NAME AND MAILING ADDRESS<br>INCLUDING ZIP CODE       | C O D E B T O R | c<br>H<br>H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM<br>IF CLAIM IS SUBJECT TO SETOFF, SO STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CONTINGENT | UNLIQUIDATED | DISPUTED  | Alder man dry dry and |
| Account No.                                                     |                 | J           | utility bill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |              |           |                       |
| Commonwealth Edison<br>Bill Payment Center<br>Chicago, IL 60668 | 100             |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |              |           |                       |
| Account No. 41461017002930                                      |                 |             | credit card                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | <u> </u>     | -         | 300.00                |
| Household Finance<br>P.O. Box 17574<br>Baltimore, MD 21297-1574 |                 |             | of some contractions and the sound of the so |            |              |           | 2,824.00              |
| Account No. 400658704                                           |                 | W           | credit card                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |              | _         | £,02.00               |
| Lord & Taylor<br>Po Box 94873<br>Cleveland, OH 44101            |                 |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |              |           |                       |
| Account No. 202938514                                           |                 |             | credit card                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |              | -         | 98.00                 |
| Nordstrom Bank<br>Po Box 79134<br>Phoeniz, AZ 85062-9134        |                 |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |              |           |                       |
| Account No.                                                     |                 | J.          | utility bill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |              |           | 442.00                |
| Peoples Energy<br>Chicago, IL 60687-0001                        |                 |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |              |           |                       |
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| O Continuation Sheets attached                                  |                 |             | (Total o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | ubto<br>s pa |           | 5,064.00              |
|                                                                 |                 |             | (Complete only on last sheet of Schedule F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ) T(       | OT.          | <b>AL</b> | 5,064.00              |
|                                                                 |                 |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |              |           | Summary of Schedules  |

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## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete addresses of all other parties to each lease or contract described.

Debtor(s)

NOTE: A party listed on this schedule will not receive notice of the filing of this case unless the party is also scheduled in the appropriate schedule of creditors.

Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE<br>OF OTHER PARTIES TO LEASE OR CONTRACT | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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| IN RE Malvorain Mitchell & | Carolyn J | Mitchell Page  | e 12 of 21<br>Case No     |               |

Debtor(s)

### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guaranters and co-signers. In community property states, a married debtor not filing a joint case should report the name and address of the nondebtor spouse on this schedule. Include all names used by the nondebtor spouse during the six years immediately preceding the commencement of this case.

Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR |     | NAME AND ADDRESS OF CRE | EDITOR |
|------------------------------|-----|-------------------------|--------|
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Case No.

Debtor(s)

# SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

| Debtor's Marital Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | s Marital Status DEPENDENTS OF DEBTOR AND SPOUSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                |                                         |  |  |
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| EMPLOYMENT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DEBTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              | SPOUSE         |                                         |  |  |
| Occupation Ret                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ired                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Unemployed                   | - 1/2°         | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |  |
| Name of Employer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                |                                         |  |  |
| How long employed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                |                                         |  |  |
| Address of Employer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | •              |                                         |  |  |
| Income: (Estimate of ave                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | erage monthly income)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              | DEBTOR         | SPOUSE                                  |  |  |
| Current Monthly gross w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | rages, salary, and commissions (pro rata if                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | not paid monthly)            | \$\$           |                                         |  |  |
| Estimated monthly overt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ime                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              | \$ \$ <u></u>  |                                         |  |  |
| SUBTOTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | S 0.00 S       | 0.00                                    |  |  |
| LESS PAYROLL DEI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                            |                |                                         |  |  |
| a. Payroll taxes and S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Social Security                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | \$ \$          |                                         |  |  |
| b. Insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | <u> </u>       | *************************************** |  |  |
| c. Union dues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | § \$           |                                         |  |  |
| d. Other (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | nit the state of t |                              | S S<br>S S     |                                         |  |  |
| -<br>SUBTOTAL OF PAYR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | OLL DEDUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              | 0.00 \$        | 0.00                                    |  |  |
| TOTAL NET MONTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LY TAKE HOME PAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4                            | 0.00 \$        | 0.00                                    |  |  |
| Regular income from ope                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | eration of business or profession or farm (a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ttach detailed statement)    | \$\$           |                                         |  |  |
| Income from real propert                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | у                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$                           | <u> </u>       |                                         |  |  |
| Interest and dividends                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | support payments payable to the debtor fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | an silva adalas da mila arra | SS             |                                         |  |  |
| or that of dependents liste                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | support payments payable to the debtor to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | r the dector's use           | · •            |                                         |  |  |
| Social Security or other g                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4</b>                     | · •            |                                         |  |  |
| (Specify) <u>Pension</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | 1,550.00 \$    |                                         |  |  |
| Social Security                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$                           |                |                                         |  |  |
| Pension or retirement inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ome                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$                           | ss             |                                         |  |  |
| Other monthly income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                |                                         |  |  |
| (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | <u> </u>       | *************************************** |  |  |
| Additional and the second seco |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | \$             |                                         |  |  |
| TOTAL MONTHLY IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | COME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>.</u>                     | 2,580.00 \$    | 0.00                                    |  |  |
| iotai. Combined n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | IONTHI V INCOME S 2 580                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | AA (Danast also an Comme     | v accabadalaa) |                                         |  |  |

FOTAL COMBINED MONTHLY INCOME \$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Report also on Summary of Schedules)

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filling of this document:

◆ 1983-2003 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

Case No.

| SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBT(                                                                                                                   | OR(S)                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made b or annually to show monthly rate. | i-weekly, quarterly, semi-annually, |
| Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Compexpenditures labeled "Spouse."                                      | lete a separate schedule of         |
| Rent or home mortgage payment (include lot rented for mobile home)                                                                                                      | \$975.00                            |
| Are real estate taxes included? Yes No 🗸                                                                                                                                |                                     |
| Is property insurance included? Yes No                                                                                                                                  |                                     |
| Utilities: Electricity and heating fuel                                                                                                                                 | \$130.00                            |
| Water and sewer                                                                                                                                                         | \$                                  |
| Telephone                                                                                                                                                               | \$80.00                             |
| Other                                                                                                                                                                   | \$                                  |
|                                                                                                                                                                         | \$                                  |
| Home maintenance (repairs and upkeep)                                                                                                                                   |                                     |
| Food                                                                                                                                                                    | \$<br>\$ 300.00                     |
| Clothing                                                                                                                                                                | \$ 300.00<br>\$ 70.00               |
| Laundry and dry cleaning                                                                                                                                                | \$ 70.00<br>\$ 70.00                |
| Medical and dental expenses                                                                                                                                             | \$ <u>70.00</u><br>\$ <u>70.00</u>  |
| Transportation (not including car payments)                                                                                                                             | \$ 150.00                           |
| Recreation, clubs and entertainment, newspapers, magazines, etc.                                                                                                        | \$                                  |
| Charitable contributions                                                                                                                                                | S 125.00                            |
| Insurance (not deducted from wages or included in home mortgage payments)                                                                                               |                                     |
| Homeowner's or renter's                                                                                                                                                 | \$                                  |
| Life                                                                                                                                                                    | \$                                  |
| Health                                                                                                                                                                  | \$                                  |
| Auto                                                                                                                                                                    | \$ <u>110.00</u>                    |
| Other                                                                                                                                                                   | \$                                  |
|                                                                                                                                                                         | <u> </u>                            |
|                                                                                                                                                                         | \$                                  |
| Taxes (not deducted from wages or included in home mortgage payments)                                                                                                   |                                     |
| (Specify)                                                                                                                                                               | <u> </u>                            |
|                                                                                                                                                                         | \$                                  |
| Fractal transfer and the absence 12 and 12 areas do not his new manage to be 1.1. I. J. 2. 4. 4. 4. 4.                                                                  | \$                                  |
| Installment payments (in chapter 12 and 13 cases, do not list payments to be included in the plan)  Auto                                                                | <b>d</b> h                          |
| Other                                                                                                                                                                   | \$                                  |
| Vestex .                                                                                                                                                                | 2                                   |
| Alimony, maintenance, and support paid to others                                                                                                                        |                                     |
| Payments for support of additional dependents not living at your home                                                                                                   | \$                                  |
| Regular expenses from operation of business, profession, or farm (attach detailed statement)                                                                            | \$                                  |
| Other                                                                                                                                                                   | \$                                  |
|                                                                                                                                                                         | S                                   |
|                                                                                                                                                                         | \$                                  |
|                                                                                                                                                                         | S                                   |
|                                                                                                                                                                         | \$                                  |
|                                                                                                                                                                         |                                     |
| TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)                                                                                                            | \$ 2,080.00                         |
|                                                                                                                                                                         |                                     |
| (FOR CHAPTER 12 AND 13 DEBTORS ONLY)                                                                                                                                    |                                     |
| Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly                                                              | v. annually, or at some             |
| other regular interval.                                                                                                                                                 | ,                                   |
| A. Total projected monthly income                                                                                                                                       | \$2,580.00                          |
| B. Total projected monthly expenses                                                                                                                                     | \$ 2,080.00                         |
| C. Excess income (A minus B)                                                                                                                                            | \$ 500.00                           |
| D. Total amount to be paid into plan each Monthly                                                                                                                       | \$500.00                            |
| (interval)                                                                                                                                                              |                                     |

@ 1893-2003 EZ-Filkrg, Inc. [1-800-898-2424] - Forms Software Only

| Case 04-39630 Doc 1 Filed 10/25/04 Entered 10/25/04 16:16:43 Desc Petition  IN RE Malvorain Mitchell & Carolyn J Mitchell Page 15 of 21  Debtor(s)  Case No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DECLARATION CONCERNING DEBTOR'S SCHEDULES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| T declare and the Construction of the Construc |
| they are true and correct to the best of my knowledge, information, and belief.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Date: 10-11-04 Signature: Mah Wither  Debice  Date: 10-11-04 Signature: Carolyn Mitchell  Debice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Carolyn J Mitchell (John Debtor, if any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| [If joint case, both spouses must sign.]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| CERTIFICATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)  I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.  Printed or Typed Name of Bankruptcy Petition Preparer  Social Security No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:  If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| person.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Signature of Bankruptcy Petition Preparer  Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedures may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| the (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of sheets, and that they are true and correct to the best of my knowledge, information, and belief.  (Total shown on summary page plus I)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property. Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

Signature:

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Date:

Case 04-39630 Doc 1 Filed 10/25/04 Entered 10/25/04 16:16:43 Desc Petition

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United States Bankruptcy Court
Northern District of Illinois

|                                         |            | 1 |
|-----------------------------------------|------------|---|
| IN RE:                                  | Case No.   |   |
| Malvorain Mitchell & Carolyn J Mitchell | Chapter 13 |   |
| Debtor(s)                               | 3          | 1 |
| STATEMENT OF FINANCIAL AFF              | FAIRS      |   |

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case if filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs.

Questions 1-18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19-25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

| ĺ. | Income | from | employment | Oľ° | operation | of | business |
|----|--------|------|------------|-----|-----------|----|----------|
|----|--------|------|------------|-----|-----------|----|----------|

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 2. Income other than from employment or operation of business

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE 30,960.00 retirement 2003 30,960.00 retirement 2002 25,800.00 year to date

#### 3. Payments to creditors

a. List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor, made within 90 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

b. List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

## 4. Suits and administrative proceedings, executions, garnishments and attachments

None
a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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|               | Case 04-39630 Doc 1 F                                                                                                                                                                                                                                                     | iled 10/25/04                                                       |                                                         | .0/25/04 1                                          | 6:16:43                                          | Desc Petition                                                                                                    |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| None          | b. Describe all property that has been attached the commencement of this case. (Married or both spouses whether or not a joint petit                                                                                                                                      | hed, garnished or sei<br>debtors filing under o                     | chapter 12 or cha                                       | apter 13 must i                                     | nclude inform                                    | nation concerning property of either                                                                             |
| 5. Re         | epossessions, foreclosures and returns                                                                                                                                                                                                                                    |                                                                     |                                                         |                                                     |                                                  |                                                                                                                  |
| None          | ' not an healers' arm are represented a                                                                                                                                                                                                                                   | eceding the commen                                                  | cement of this ca                                       | se. (Married d                                      | ebtors filing t                                  | inder chapter 12 or chapter 13 must                                                                              |
| 6. As         | signments and receiverships                                                                                                                                                                                                                                               |                                                                     |                                                         |                                                     |                                                  | · · · · · · · · · · · · · · · · · · ·                                                                            |
| None          | a. Describe any assignment of property for t<br>(Married debtors filing under chapter 12 or c<br>unless the spouses are separated and joint p                                                                                                                             | chapter 13 must inclu                                               | rs made within 1<br>de any assignmer                    | 20 days immed<br>at by either or b                  | liately preced<br>oth spouses w                  | ing the commencement of this case.<br>thether or not a joint petition is filed,                                  |
| None          | b. List all property which has been in the his commencement of this case. (Married debtor spouses whether or not a joint petition is file.)                                                                                                                               | rs filing under chapte                                              | r 12 or chapter 1                                       | 3 must include                                      | information c                                    | oncerning property of either or both                                                                             |
| 7. Gi         | fts                                                                                                                                                                                                                                                                       |                                                                     |                                                         |                                                     |                                                  |                                                                                                                  |
| Noas          | The set Free or Assessment Activitions time                                                                                                                                                                                                                               | n \$200 in value per in<br>chapter 12 or chapte                     | ndividual family<br>r 13 must include                   | member and ch<br>e gifts or contri                  | aritable contr                                   | ibutions aggregating less than \$100                                                                             |
| 8. Lo         | \$303                                                                                                                                                                                                                                                                     |                                                                     | •                                                       |                                                     |                                                  |                                                                                                                  |
| None          | List all losses from fire, theft, other casualt commencement of this case. (Married debt a joint petition is filed, unless the spouses a                                                                                                                                  | ors filing under chap                                               | ter 12 or chapter                                       | 13 must includ                                      | ing the comm<br>le losses by ei                  | encement of this case or since the ther or both spouses whether or not                                           |
| 9. Pa         | yments related to debt counseling or banks                                                                                                                                                                                                                                | rupicy                                                              |                                                         |                                                     |                                                  |                                                                                                                  |
| None          | List all payments made or property transferr<br>consolidation, relief under bankruptcy law o<br>of this case.                                                                                                                                                             | red by or on behalf of<br>or preparation of a pe                    | 'the debtor to any<br>tition in bankrup                 | / persons, inclu<br>tcy within one                  | ıding attome)<br>year immedi                     | rs, for consultation concerning debt<br>ately preceding the commencement                                         |
| Robe<br>407 S | E AND ADDRESS OF PAYEE<br>ort J. Semrad & Associates<br>S. Dearborn Suite #400<br>ago, IL 60605                                                                                                                                                                           |                                                                     | F PAYMENT, N<br>IF OTHER THA<br>I                       |                                                     | AMOUNT                                           | OF MONEY OR DESCRIPTION<br>AND VALUE OF PROPERTY<br>500.00                                                       |
| 10. O         | ther transfers                                                                                                                                                                                                                                                            |                                                                     |                                                         |                                                     |                                                  |                                                                                                                  |
| M             | List all other property, other than property to<br>absolutely or as security within one year in<br>chapter 13 must include transfers by either opetition is not filed.)                                                                                                   | nmediately preceding                                                | g the commence                                          | ment of this ca                                     | ase. (Married                                    | debtors filing under chapter 12 or                                                                               |
| 11. CI        | losed financial accounts                                                                                                                                                                                                                                                  |                                                                     |                                                         | //                                                  |                                                  |                                                                                                                  |
| M             | List all financial accounts and instruments h<br>transferred within one year immediately pr<br>certificates of deposit, or other instruments;<br>brokerage houses and other financial institu<br>accounts or instruments held by or for either<br>petition is not filed.) | receding the comme<br>; shares and share ac<br>tions. (Married debt | ncement of this<br>counts held in b<br>ors filing under | case. Include<br>anks, credit un<br>chapter 12 or c | checking, sav<br>nions, pension<br>chapter 13 mu | vings, or other financial accounts,<br>a funds, cooperatives, association,<br>ast include information concerning |
| 12. Sa        | afe deposit boxes                                                                                                                                                                                                                                                         | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                             | · -                                                     |                                                     |                                                  |                                                                                                                  |
| V             | List each safe deposit or other box or deposit preceding the commencement of this case. (Noth spouses whether or not a joint petition                                                                                                                                     | Married debtors filing                                              | g under chapter l                                       | 2 or chapter 13                                     | 3 must include                                   | e boxes or depositories of either or                                                                             |

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| None             | List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)                                                       |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 14. P            | roperty held for another person                                                                                                                                                                                                                                                                                                                                                                                                                 |
| None             | List all property owned by another person that the debtor holds or controls.                                                                                                                                                                                                                                                                                                                                                                    |
| 15. P            | rior address of debtor                                                                                                                                                                                                                                                                                                                                                                                                                          |
| None             | If the debtor has moved within the two years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.                                                                                                                                           |
| 16. S            | pouses and Former Spouses                                                                                                                                                                                                                                                                                                                                                                                                                       |
| None             | If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the six-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state. |
|                  | nvironmental Information<br>e purpose of this question, the following definitions apply:                                                                                                                                                                                                                                                                                                                                                        |
| was C            | ronmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, s or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating canup of these substances, wastes or material.                                                                                   |
| 'Site"<br>lebtor | means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the ; including, but not limited to, disposal sites.                                                                                                                                                                                                                                                |
| 'Haza<br>or sim  | rdous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant ilar term under an Environmental Law.                                                                                                                                                                                                                                                          |
| 32               | a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.                                                                                                                                  |
| Noes             | b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.                                                                                                                                                                                                              |

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Entered 10/25/04 16:16:43

**Desc Petition** 

18. Nature, location and name of business

Case 04-39630

13. Setoffs

Doc 1

Filed 10/25/04

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within the six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Page 19 of 21

Date: 10-11-04

Signature 22 of Debtor

alin Withell olyn Fritchell

Malvorain Mitchel

Date: 10-11-04

Signature <u>Caral</u>

Carolyn J Mitchell

(if any)

\_\_\_\_0 continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

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United States Bankruptcy Court
Northern District of Illinois

| I    | NRE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Case No.                                                                                                       |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| M    | laivorain Mitchell & Carolyn J Mitchell                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Chapter 13                                                                                                     |
|      | Debtor(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                |
|      | DISCLOSURE OF COMPENSATION OF ATTORNEY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | - " -                                                                                                          |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-nam one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be of or in connection with the bankruptcy case is as follows:                                                                                                                                                                                                                         | ed debtor(s) and that compensation paid to me within<br>e rendered on behalf of the debtor(s) in contemplation |
|      | For legal services, I have agreed to accept                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ······ \$ 2,200.00                                                                                             |
|      | Prior to the filing of this statement I have received                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$ 500.00                                                                                                      |
|      | Balance Due                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                |
| 2.   | The source of the compensation paid to me was: Debtor Cother (specify):                                                                                                                                                                                                                                                                                                                                                                                                                                                 | -                                                                                                              |
| 3.   | The source of compensation to be paid to me is: Debtor Other (specify):                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                |
| 4,   | I have not agreed to share the above-disclosed compensation with any other person unless they are members                                                                                                                                                                                                                                                                                                                                                                                                               | and associates of my law firm                                                                                  |
|      | I have agreed to share the above-disclosed compensation with a person or persons who are not members or together with a list of the names of the people sharing in the compensation, is attached.                                                                                                                                                                                                                                                                                                                       |                                                                                                                |
| 5.   | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, in                                                                                                                                                                                                                                                                                                                                                                                                 | ncluding:                                                                                                      |
|      | <ul> <li>Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file</li> <li>Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;</li> <li>Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearing</li> <li>Representation of the debtor in adversary proceedings and other contested bankruptcy matters;</li> <li>[Other provisions as needed]</li> </ul> | • • •                                                                                                          |
| 6.   | By agreement with the debtor(s), the above disclosed fee does not include the following services:                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                |
| I ce | CERTIFICATION ertify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representative ceeding.                                                                                                                                                                                                                                                                                                                                                                           | ion of the debtor(s) in this bankruptcy                                                                        |
|      | Date Signature of A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Itomey                                                                                                         |
|      | Robert J Semrad & Associates 407 S Dea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                |
|      | Name of Law                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | v Firm                                                                                                         |

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# UNITED STATES BANKRUPTCY COURT

## NOTICE TO INDIVIDUAL CONSUMER DEBTOR

The purpose of this notice is to acquaint you with the four chapters of the federal Bankruptcy Code under which you may file a bankruptcy petition. The bankruptcy law is complicated and not easily described. Therefore, you should seek the advice of an attorney to learn of your rights and responsibilities under the law should you decide to file a petition with the court. Neither the judge nor the court's employees may provide you with legal advice.

# Chapter 7: Liquidation (\$155 filing fee plus \$30 administrative fee plus \$15 trustee surcharge)\*

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts.

- 2. Under Chapter 7 a trustee takes possession of all your property. You may claim certain of your property as exempt under governing law. The trustee then liquidates the property and uses the proceeds to pay your creditors according to priorities of the Bankruptcy Code.
- 3. The purpose of filing a Chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, your discharge may be denied by the court, and the purpose for which you filed the bankruptcy petition will be defeated.
- 4. Even if you receive a discharge, there are some debts that are not discharged under the law. Therefore, you may still be responsible for such debts as certain taxes and student loans, alimony and support payments, criminal restitution, and debts for death or personal injury caused by driving while intoxicated from alcohol or drugs.
- 5. Under certain circumstances you may keep property that you have purchased subject to a valid security interest. Your attorney can explain the options that are available to you.

# Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$155 filing fee plus \$30 administrative fee)\*

- 1. Chapter 13 is designed for individuals with regular income who are temporarily unable to pay their debts but would like to pay them in installments over a period of time. You are only eligible for Chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.
- 2. Under Chapter 13 you must file a plan with the court to repay your creditors all or part of the money that you owe them, using your future earnings. Usually the period allowed by the court to repay your debts is three years, but not more than five years. Your plan must be approved by the court before it can take effect.
- 3. Under Chapter 13, unlike Chapter 7, you may keep all your property, both exempt and non-exempt, as long as you continue to make payments under the plan.
- 4. After completion of payments under your plan, your debts are discharged except alimony and support payments, student loans, certain debts including criminal fines and restitution and debts for death or personal injury caused by driving while intoxicated from alcohol or drugs, and long term secured obligations.

## Chapter 11: Reorganization (\$800 filing fee plus \$30 administrative fee)\*

Chapter 11 is designed primarily for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision for an individual to file a Chapter 11 petition should be reviewed with an attorney.

# Chapter 12: Family Farmer (\$200 filing fee plus \$30 administrative fee)\*

Chapter 12 is designed to permit family farmers to repay their debts over a period of time from future earnings and is in many ways similar to a Chapter 13. The eligibility requirements are restrictive, limiting its use to those who income arises primarily from a family owned farm.

\* Fees are subject to change and should be confirmed before filing.

#### ACKNOWLEDGEMENT

| I, the debtor, affirm t | that I have read this notice.                     |                          |                                 |                                |                       |
|-------------------------|---------------------------------------------------|--------------------------|---------------------------------|--------------------------------|-----------------------|
|                         |                                                   |                          | <del></del>                     | Case Number                    |                       |
| 10-11-04                | Mali mits                                         | 0.00                     | Posel                           | In the                         | )                     |
| Detc                    | Malvorain Mitchell                                | all i                    | Carolyn J Mitchell              | Mysterics p                    | /<br>nt Debtor, if an |
| INSTRUCTIONS: If the de | btor is an individual, a copy of this notice pers | onally signed by the del | otor must accompany any bankrui | otcy petition filed with the C | lerk If filed         |

INSTRUCTIONS: If the debtor is an individual, a copy of this notice personally signed by the debtor must accompany any bankruptcy petition filed with the Clerk. If filed by joint debtors, the notice must be personally signed by each. Failure to comply may result in the petition not being accepted for filing.